

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-046368**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **93**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **62-76**

STATE FILE NUMBER

**FILED DEC 18 1962**

1. PLACE OF DEATH

a. COUNTY

**Dade**

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Lockwood**

Length of stay in lb  
**18 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Barton**

c. CITY  
OR  
TOWN **Golden City**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Lockwood Mem. Hosp.**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **None** (if outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
**DANIEL**

Middle  
**MCKENDRED**

Last  
**PATTISON**

4. DATE  
OF  
DEATH

Month

Day

Year

**December 7 1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**8/29/1877**

9. AGE (last birthday)  
**85**

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Farmer (Retired)**

10b. KIND OF BUSINESS OR INDUSTRY  
**Own Farm**

11. BIRTHPLACE (City and state or country)  
**Golden City, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Thomas A. Pattison**

13b. MOTHER'S MAIDEN NAME

**Lucinda Wolfe**

14. NAME OF HUSBAND OR WIFE

**Jennie Pattison**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

17. INFORMANT

Address

**Ward Pattison, Golden City, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute Myocardial Infarction**

INTERVAL BETWEEN  
ONSET AND DEATH

**40 min.**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Arteriosclerotic heart disease**

**10-15 yrs.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **November 19, 1962** **December 7, 1962** last saw him alive on **Dec. 7, 1962**  
Death occurred at **2:38 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Raymond A. Carlson D.O.**

22b. ADDRESS

**403 main St. Golden City Mo**

22c. DATE SIGNED

**12-9-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**burial**

23b. DATE

**12/9/62**

23c. NAME OF CEMETERY OR CREMATORY

**I.O.O.F. Cemetery**

23d. LOCATION (City, town, or county)

**Golden City, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Phillips Funeral Home, Golden City, Mo.**

25. DATE RECD. BY LOCAL REG.

**12/9/1962**

26. REGISTRAR'S SIGNATURE

**J. C. Canale**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**Raymond A. Carlson, D.O.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3278

P. O. Address Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.